

SUPPLEMENTAL PAID LEAVE REQUEST

Select the reason for the request:

- ☐ If you have been told by a Green County Department Head or Supervisor you must stay at home for COVID-19 related reasons and cannot telecommute
- ☐ If you, a member of your household, or a dependent is at risk and have been advised by a health care professional to self-quarantine**
- ☐ If you have been diagnosed with COVID-19 or are experiencing symptoms and are seeking a medical diagnosis**

Dates of Time Off: _____ Total Hours: _____

Date of Request Employee Printed Name Employee Signature

Date Approved Department Head Printed Name Department Head Signature

****Attach Doctor's Note Verifying the Above Checked Reason for Leave.**

If a doctor's note is not provided, the department head must explain the circumstances for the absence and SPL request:

RECEIVED AND REVIEWED:

Human Resources Department Date

Finance Department Date

Corporation Counsel (if necessary) Date